

**Partnership for Kids:
2006 Statewide CASA Conference
October 13-14, Williamsburg, VA**

**Children in the Care of Grandparents or Other
Relatives: Addressing Challenges and
Accessing Supportive Services**

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FACT SHEET

Grandfamilies: Challenges of Caring for the Second Family

INTRODUCTION

Imagine you're a child who in the middle of the night is dropped off at grandma's house to live. Your mom can't care for you anymore because she's addicted to drugs. You are glad to be with grandma because it feels safe and comfortable at her house, but you're worried about some things. Where will you go to school? How will you get your asthma medicine? Can grandma get it for you?

This fact sheet is about "grandfamilies" or families in which grandparents or other relatives are primarily responsible for caring for children who live with them. Reasons causing these grandfamilies to come together include parental substance abuse, military deployment, incarceration, and death.

Almost six million children across the country are living in households headed by grandparents or other relatives, according to the 2000 U.S. Census.¹

- 4.4 million of these children are in grandparent-headed households.²
- 1.5 million children live in households headed by other relatives, such as aunts, uncles, siblings, and great-grandparents.³
- 2.5 million children in households headed by grandparents and other relatives have no parents in the home.⁴

As for the caregivers, about 2.4 million grandparents are responsible for most of the basic needs of the children.⁵ Similar Census data does not exist for the other relatives, like aunts and siblings.

When parents have been unable to care for their children for any reason, grandparents and other relatives have stepped in as a safety net to keep these families together and out of the formal foster care system. The statistics tell the story. The vast majority of relative-headed families are not in foster care in the formal child welfare system. Only about 126,000 of the children being raised by grandparents and other relatives are in foster care.⁶ Although this number represents about one-fourth of all children in foster care, it is only about one-twentieth of all the children being raised by grandparents and other relatives with no parents in the home. If less than half of the 2.5 million children being raised by relatives with no parents in the home were to enter foster care, they would completely overwhelm the system. Translated to dollars, if even one million children being raised by relatives were to enter foster care, it would cost taxpayers more than \$6.5 billion each year.⁷

For those families in foster care, access to services, such as school enrollment, is typically easier than for those not in the formal system.



The state generally has legal custody of the children in foster care, so caseworkers and judges ease entry into schools and receipt of medical care. In order to support the caregivers outside the system and their tremendous contributions towards keeping families together, access to resources and services needs to be improved dramatically.

WHO ARE THESE GRANDFAMILIES?

Grandfamilies – whether inside or out of the foster care system – are racially and ethnically diverse, live throughout the country, exist for multiple years, typically have young children and young caregivers, and are more likely to live in poverty and lack health insurance than parent-headed households. Despite this last fact, most of the caregivers in grandfamilies are still in the labor force and own their homes. Understanding these statistics is crucial to designing policies and programs that respond to the families' strengths and needs.

GRANDFAMILIES ARE RACIALLY AND ETHNICALLY DIVERSE

- 49% of the 4.4 million children living in grandparent-headed families are white, 32% are black, 2% are Asian, 2% are American Indian and Alaska Native, 0.3% are Native Hawaiian and Other Pacific Islander, 9% are of some other race, and 5.4% are of two or more races. Of these children, 21% are Hispanic or Latino origin (of any race) and 39% are white alone, not of Hispanic or Latino origin.⁸
- Of the 1.5 million children living in other relative-headed families, 39% are white, 29% are black, 2% are American Indian and Alaska Native, 5% are Asian, 0.5% are Native Hawaiian and Other Pacific Islander, 20% are of some other race, and 5% are of two or more races. Of these children, 17% are of Hispanic or Latino origin (of any race) and 24% are white alone, not of Hispanic or

Latino origin.⁹

- Because of the diversity of the families, programs and policies need to be culturally sensitive, written outreach materials may be needed in two or more languages, and multilingual program staff could be essential.

GRANDFAMILIES LIVE THROUGHOUT THE COUNTRY

- 46% of all grandparents with grandchildren living in their homes reside in the South, 14% in the Northeast, 18% in the Midwest, and 22% in the West.¹⁰
- Of the 4.4 million grandchildren living in grandparent-headed households, about 42% live in the South, 23% in the West, 16% in the Northeast, and 18% in the Midwest.¹¹
- Grandfamilies are everywhere, and supportive programs and policies need to be available throughout the country.

GRANDPARENTS ARE RESPONSIBLE FOR GRANDCHILDREN FOR MULTIPLE YEARS

- 39% of grandparent caregivers have been responsible for most of the basic needs of their grandchildren for five years or more; 15% for three to four years; and 23% for one to two years.¹²
- Because short-term living arrangements frequently extend to long-term when grandparents and other relatives step forward, policies that ensure children do not lose vital time receiving an appropriate and meaningful education and getting the health care they need are essential.

GRANDFAMILIES ARE YOUNG

- 71% of all grandparents responsible for their grandchildren are under the age of 60.¹³
- 43% of children living in grandparent and other relative-headed households are under six years old, and 30% are between the ages of six and eleven.¹⁴
- Knowing the age of the caregivers and children help programmers and policymakers design appropriate services for these families.

GRANDPARENT-HEADED FAMILIES ARE MORE LIKELY TO LIVE IN POVERTY AND BE UNINSURED THAN PARENT-HEADED FAMILIES

- One in five (21%) children living in grandparent-headed homes and one in four (25%) children living in other relative-headed homes were impoverished in 1999, as compared with one in six (16%) children living in households headed by their parents.¹⁶
- One in three children (29%) living in grandparent-headed homes in 1996 had no health insurance, as compared with one in seven



No matter why parents can no longer take care of their children — death, divorce, neglect, abuse or poverty — it never, ever is the 'fault' of the child.¹⁵

children (15%) in the overall child population.¹⁷

- Affordable health insurance must be available to all children regardless of who is raising them.

MOST GRANDFAMILIES' CAREGIVERS ARE IN THE LABOR FORCE

- 55.6% of grandparents responsible for their grandchildren are in the labor force.¹⁸
- 70.4% of other relatives responsible for children are in the labor force.¹⁹
- Since most caregivers are under age 60 and are working outside of the home, child care and before- and after- school activities are programs that need to be available for these families.

MOST RELATIVE CAREGIVERS OWN THEIR HOME

- 70.2% of grandparents responsible for their grandchildren own their home.²⁰
- 51.8% of other relatives responsible for children own their home.²¹
- Caregivers' homes may not be big enough to accommodate children. Policymakers and programmers should consider designing housing programs to help homeowners add bedrooms and bathrooms at an affordable cost.

WHAT CHALLENGES DO GRANDFAMILIES FACE?

Over the past several years, the growing pool of data has helped to uncover grandfamilies' challenges and strengths. Generations United (GU) and its many partners have used this information to help support the families. We have collectively made great strides, but important work remains to be done.

LEGAL

Legal issues are frequently among the top concerns for grandfamilies:

- The process of obtaining a legal relationship with the children — such as adoption, legal custody or guardianship — is usually expensive, time-consuming, and can be disruptive to family dynamics.
- Opting to raise the children without any legal relationship may severely limit caregivers' ability to access services on the children's behalf.
- Private attorneys may be unaffordable, and other existing legal resources — such as legal aid and law school clinics — may be unknown to caregivers or not easily accessed.
- Kinship navigator programs help link caregivers with legal resources, but the vast majority of states do not have these programs.
- Thirty-five states and the District of Columbia have subsidized guardianship programs, which provide ongoing subsidies to eligible children who exit the child welfare system into the perma-

nent care of legal guardians, often relatives. Although proven successful, these programs are not usually federally funded and are not available to most grandfamilies.

- Other creative legal options, such as de facto custody, only exist in a handful of states.
- Many states still lack medical and education consent laws, which allow caregivers without a legal relationship to the children to access school enrollment and necessary health care on their behalf.



"It was easier for them to adjust with me because I'm their grandmother."

— Grandmother raising grandchildren

PHYSICAL AND MENTAL HEALTH

The children and caregivers in grandfamilies face serious physical and mental health challenges and obstacles:

- Relative caregivers often face obstacles enrolling the children they raise in either public or private health insurance. Some states impose restrictive policies – such as requiring caregivers to prove that they are related to children – that make it difficult to enroll the children in Medicaid or the Children's Health Insurance Program. Private insurance frequently requires adoption in order for children to be included on caregivers' policies.
- Caregivers are often unable to attend to their own medical needs due to a lack of daycare, respite care or adequate medical insurance.
- Grandparent caregivers have been found to frequently suffer stress-related health problems like depression, diabetes, hypertension, insomnia, and gastric distress.²²
- Supportive services – such as caregiver support groups, respite, and counseling – help the families cope with their physical and mental health issues, but these services may be unavailable. The National Family Caregiver Support Program—which federally funds Area Agencies on Aging (AAAs) to help relative and



other family caregivers—is limited. It is restricted to relative caregivers age 60 and older; no more than 10% of the funds can be used to help these caregivers, and some AAAs opt not to use these funds to serve this population.

HOUSING

Relative-headed families often begin caring for children without warning or preparation, and face unique problems with respect to housing:

- Many relative caregivers live on fixed incomes and/or in small apartments and houses that are not suitable for children.
- The caregivers may no longer be able to afford their apartments or houses after assuming the extra expenses of raising children.
- Grandparents or other relative caregivers may be physically unable to walk stairs with children and strollers.
- If the caregivers live in public senior housing with children, they may be wrongfully evicted because the children are living there.
- The presence of children may violate private lease agreements.
- If relative caregivers do not have legal custody of the children, they are often unable to convince the housing authorities to recognize their need for larger apartments.

EDUCATION

Many school policies are geared towards "nuclear" families, and can pose obstacles for relative-headed families, especially those families in which there are no legal ties:

- Children may be denied school enrollment because their relative caregivers do not have guardianship or legal custody.
- The caregivers may have difficulty being included as a participant in the Individual Education Plan (IEP) process for children with disabilities.
- Caregivers may be excluded from activities that usually include parents, such as parent-teacher meetings funded by Title I of the federal Elementary and Secondary Education Act (ESEA).

CONCLUSION

All children need and deserve an appropriate education, health care, and housing. Policies and programs should ensure that children receive these services, regardless of whether they are raised by a parent, grandparent, aunt or uncle. Public awareness through community education and media outreach is an integral part of any effort to support the multiple generations in grandfamilies. As an aid towards improving public knowledge, GU has created this fact sheet to freely distribute and use as a resource for general information about the families. Together with the grandfamilies themselves, policy makers, and advocates, GU will continue to work to improve the lives of children and adults in these special caregiving arrangements.

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Visit www.gu.org for additional information about grandfamilies.



a national coalition dedicated to
intergenerational policy, programs and issues.

Generations United (GU) is the
national membership organization
focused solely on improving the lives

of children, youth, and older people through intergenerational strategies,
programs, and public policies. GU represents more than 100 national,
state, and local organizations and individuals representing more than 70
million Americans. Since 1986, GU has served as a resource for educating
policymakers and the public about the economic, social, and personal
imperatives of intergenerational cooperation. GU acts as a catalyst for
stimulating collaboration between aging, children, and youth organiza-
tions providing a forum to explore areas of common ground while cele-
brating the richness of each generation.

Revised: April 2006

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The photographs in this fact sheet are from Generations United's annual
2004 and 2005 Intergenerational Photography Contest sponsored by
MetLife Foundation. Credit goes to Pilar Miller, Beverly Persell, Animesh
Hardia, and Beverly Persell for the photos in the order they appear.

¹ Lugaila, T. and Overturf, J. (March 2004). *Table 1, Population Under 18 Years by Age and Relationship to Householder: 2000*, in "Children and the Households They Live in: 2000," a Census 2000 Special Report. Washington, D.C.: U.S. Bureau of the Census.

² *Ibid.*

³ *Ibid.*

⁴ Lugaila, T. and Overturf, J. (March, 2004). *Table 3, Characteristics of Children Under 18 Years by Relationship to Householder: 2000*, in "Children and the Households They Live in: 2000," a Census 2000 Special Report.

⁵ Simmons, T. and Lawler Dye, J. (October 2003). *Grandparents Living With Grandchildren: 2000 - Census 2000 Brief*. Washington, D.C.: U.S. Bureau of the Census.

⁶ U.S. Department of Health and Human Services, AFCARS, three year average 2001-2003.

⁷ This figure was calculated based on the federal share of the 2000 average monthly foster care maintenance payment, which was estimated at \$545 in the Green Book, Committee on Ways and Means, U.S. House of Representatives. Half the children are used for our calculation, due to a conservative estimate that the other half already receive some type of governmental financial assistance, such as a Temporary Assistance for Needy Families (TANF) child-only grant. Consequently, the cost of one million children entering the system would represent all new financial outlays for taxpayers.

⁸ Lugaila, T. and Overturf, J. (March 2004). *Table 3, Characteristics of Children Under 18 Years by Relationship to Householder: 2000*, in "Children and the Households They Live in: 2000," a Census 2000 Special Report.

⁹ *Ibid.*

¹⁰ Simmons, T. and Lawler Dye, J. (October 2003). *Table 2, Selected Characteristics of Grandparents Living with Grandchildren for the United States, Regions, States, and Puerto Rico: 2000*, in "Grandparents Living With Grandchildren: 2000 - Census 2000 Brief." Washington, D.C.: U.S. Bureau of the Census.

¹¹ Lugaila, T. and Overturf, J. (March 2004). *Table 2, Characteristics of Children Under 18 Years by Relationship to Householder: 2000*, in "Children and the Households They Live in: 2000," a Census 2000 Special Report.

¹² Simmons, T. and Lawler Dye, J. (October 2003). *Grandparents Living With Grandchildren: 2000 - Census 2000 Brief*. Washington, D.C.: U.S. Bureau of the Census.

¹³ Simmons, T. and Lawler Dye, J. (October 2003). *Table 4, Grandparents Living With Grandchildren, Responsible for Coresident Grandchildren, and Duration of Responsibility by Race and Hispanic Origin*, in "Grandparents Living With Grandchildren: 2000," a Census 2000 Brief.

¹⁴ Lugaila, T. and Overturf, J. (March 2004). *Table 1, Population Under 18 Years by Age and Relationship to Householder: 2000*, in "Children and the Households They Live in: 2000," a Census 2000 Special Report.

¹⁵ Generations United (September 2005). *Grand Voices for America's Children: New perspectives on grandparents and other relatives raising children*. Washington, D.C. This phrase was the top probe tested by messaging experts on five focus groups - two comprised of relative caregivers only and three of members of the general public. This probe resonated with each group.

¹⁶ *Ibid.*

¹⁷ Bryson, K.R. & Casper, L.M. (1999). *Coresident Grandparents and Grandchildren*. Current Populations Reports, Special Studies, P23-198. Washington, DC: U.S. Bureau of the Census.

¹⁸ Lugaila, T. and Overturf, J. (March, 2004). *Table 3, Characteristics of Children Under 18 Years by Relationship to Householder: 2000*, in "Children and the Households They Live in: 2000," a Census 2000 Special Report.

¹⁹ *Ibid.*

²⁰ *Ibid.*

²¹ *Ibid.*

²² Minkler, M. (1999). Intergenerational Households Headed by Grandparents: Contexts, Realities, and Implications for Policy, *Journal of Aging Studies* 13, 199-218.



WHAT IS SUBSIDIZED GUARDIANSHIP?

Subsidized guardianship is an increasingly popular permanency option that provides an ongoing financial subsidy to eligible children who exit the child welfare system into the permanent care of a legal guardian, often a grandparent or other relative. These programs are available in 35 states and the District of Columbia, and vary significantly. They recognize that in certain family situations, guardianship or legal custody is the best permanency option when children cannot return home or be adopted.

WHO ARE GRANDFAMILIES?

“Grandfamilies” are families in which grandparents or other relatives are primarily responsible for caring for children who live with them. Parental substance abuse, military deployment, incarceration, poverty, HIV/AIDS, and death are just some of the reasons causing these grandfamilies to come together.

- 125,668 children in foster care are being raised by a grandparent or other relative.¹
- At least 20,000 foster children are in foster care without a goal of adoption or reunification with their parents and could exit foster care if subsidized guardianship was available to them.²
- Almost six million children across the country are living in households headed by grandparents or other relatives.³
- About 4.4 million of these children are in grandparent-headed households, and another 1.5 million live in households headed by other relatives, such as aunts or uncles.⁴
- Approximately 2.4 million grandparents are responsible for most of the basic needs of the children. Unfortunately similar Census data does not exist for the other relatives.⁵
- Although the number of households where other relatives are responsible for children is unknown, we do know that almost half of the children in grandfamilies (2.5 million) have no parents in the home.⁶

HOW DOES SUBSIDIZED GUARDIANSHIP BENEFIT CHILDREN?

Subsidized guardianship arrangements are particularly important for children raised in grandfamilies, or families in which grandparents or other relatives have primary responsibility for caring for children. Guardianships would:

- honor the wishes of many children who may not want to be

adopted and/or break ties with their birth parents;

- respect cultures in which adoption and termination of parental rights defy important societal norms of extended family and mutual interdependence;
- limit state oversight and intervention in the lives of children for whom adoption and reunification with the birth parents have been ruled out, and minimize the state’s ongoing role in their lives;
- give caregivers the necessary legal decision-making authority for children, including the ability to consent to routine activities such as field trips, sleepovers, and school pictures.

A CASE FOR SUBSIDIZED GUARDIANSHIP:

Two young adolescents, ages 11 and 13, were removed from their mother due to abuse and neglect. The boys were placed with their grandmother, who had frequently stepped in to help care for them during times when their mother was unavailable due to heavy drug use or otherwise unable to appropriately care for them. Living with their grandmother was an appropriate and logical step for the two boys for many reasons: they were able to stay in their own schools and they could continue to walk to the neighborhood center where they regularly played basketball and received tutoring. The arrangement worked well for both boys, who each had special health and educational needs well-known by their grandmother. Despite their mother’s problems and faults, it was important to both boys that they maintain a relationship with her. Neither wished to be adopted. Their grandmother was committed to providing a safe and stable placement for the boys without severing their parental bonds with their mother. This family did not need all the case management, court intervention or case reviews associated with a foster family. However, as reunification and adoption had been ruled out, the case would remain in the system until the boys became adults. In this case, a subsidized guardianship would allow the grandmother to provide the safe and stable home the boys needed without radically altering their family structure. [Example taken from *Fostering Results. Family Ties: Supporting Permanence for Children in Safe and Stable Foster Care With Relatives and Other Caregivers*. Fostering Results, Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign, 2004].

- enable children and caregivers to maintain bonds with the birth parents who may have physical or mental disabilities that make them unable to care for children;
- allow able birth parents to regain custody of children, provided the courts and/or child welfare system approve; and
- give the courts flexibility to limit or expand the legal guardians' and parents' authority as necessary to best serve the changing needs of the children and other family members.⁷

WHAT ARE THE ELIGIBILITY REQUIREMENTS FOR SUBSIDIZED GUARDIANSHIP?

Subsidized guardianship programs differ from state to state. The programs' names, eligibility guidelines, subsidy amounts, funding sources, and numbers of children served each vary. However, subsidized guardianships are generally designed for those children who have been in state custody, with a relative or non-relative providing the care, for at least six months and in some states up to two years. The caregiver of the child must first obtain guardianship or legal custody. The court that considers the guardianship or legal custody reviews the existing placement and, in those cases of older children, often seeks the input of the child as well. Reunification with the parents and/or adoption must have been carefully considered and then ruled out as before guardianship is considered as the best permanency option. Many states require that the child have an established attachment to the prospective guardian and that the prospective guardian evidences a "strong commitment" to the child. If the court finds that guardianship is in the "best interest" of the child and grants it, the state no longer has custody. After guardianship is granted, the state issues a monthly subsidy check to the guardian for the care of the child.

Financial assistance is critical to many grandfamilies, since the caregivers are often raising the children unexpectedly and did not have the opportunity to financially plan for them. The amount of the subsidy varies. It is usually less than or equal to the basic state foster care rate, but usually more than the Temporary Assistance for Needy Families (TANF) or "welfare" child-only grant, and continued eligibility for the subsidy is typically re-determined annually. The subsidy payments usually end when the guardianship terminates or when the child turns 18, although several states continue the subsidy until the child reaches age 21 or 22 provided he or she is attending school full-time or has an emotional or physical disability or other special need.

ARE THERE ANY EXCEPTIONS TO THESE ELIGIBILITY REQUIREMENTS?

There are some exceptions to these general eligibility requirements. For instance, although most states require children to have been in the state foster care system, a few states offer

subsidized guardianships for children outside of the system so they do not have to enter it unnecessarily. Some states limit participation in their subsidized guardianship programs to children with "special needs". The definition varies, but may include those who are difficult to place because of physical or emotional disabilities, race or ethnic background, age, and/or because they are members of a sibling group. A few states require that a child's income and assets be considered in order to qualify for a subsidized guardianship and/or to determine the payment amount. Both Kentucky and Louisiana allow a child to begin receiving subsidy payments before the guardianship or custody arrangement is finalized.

In some states that fund their subsidized guardianships through Title IV-E Waivers (explained below), children must have been eligible to receive Title IV-E benefits while under supervision of the child welfare system in order to enter into a subsidized guardianship arrangement. Most states offer subsidized guardianships to eligible children living with all types of caregivers who have chosen to care for them permanently, including relatives, family friends, foster parents, and other qualified adults. However, some states limit eligibility to children who are living with kin, which is often defined as "relatives and non-related individuals with a close family-like bond to the child." More restrictive programs limit eligibility to blood relatives within a specified degree of relationship, including grandparents, great-grandparents, step-parents, siblings, step-siblings, half-siblings, cousins, aunts and uncles, and great aunts and uncles. A few states limit their enrollment to eligible children being raised by their grandparents. Rhode Island limits enrollment to children being raised by non-relatives.

HOW ARE SUBSIDIZED GUARDIANSHIPS FUNDED?

Subsidized guardianship programs are funded differently in each state but are generally funded by one or more of the following:

- Federal IV-E Waivers: Though not available to all states, twelve states (DE, IL, IA, MD, MN, MT, NM, NC, OR, TN, VA, WI) have been granted a special exemption from the federal government to operate subsidized guardianship programs using federal foster care funds under Title IV-E of the Social Security Act. Initial evaluations of these demonstration programs have been positive. For example, an evaluation of Illinois' Title IV-E waiver program found that over a five year period, subsidized guardianship provided permanence for more than 6,800 children who had been in foster care. Furthermore, discussing all permanency options actually helped to significantly increase the number of adoptions in Illinois, and the children involved perceived guardianship as providing as much security as adoption.⁸ Unfortunately on March 31, 2006, the authority of the federal

government to grant states waivers to use foster care funding for subsidized guardianship ended.

- Temporary Assistance for Needy Families (TANF) or “welfare” funds: Several states use the money from their TANF block grants to fund subsidized guardianship programs. It is uncertain how long TANF will continue to be a viable source of funding for these programs, however, due to increasing federal budget constraints and new demands being placed on TANF funding.
- Other sources of federal funds: A few states use other federal funding sources that have broad purposes such as Title XX of the Social Security Act, the Social Services Block Grant (SSBG) program, which is designed to fund an array of services to support children, persons with disabilities, and older adults.
- State and local funds: Some states use state funds or a combination of state and county funds to support all or part of their subsidized guardianship programs. Using state funds allow child welfare agencies the most flexibility in determining who their subsidized guardianship programs will serve, but shrinking state resources have made it even more challenging to maintain appropriate state and local funding levels.⁹

WHAT ARE THE DESIRED OUTCOMES OF SUBSIDIZED GUARDIANSHIP?

Desired outcomes for implementing subsidized guardianship include:

- Reducing use of long-term foster care by allowing children and youth—for whom reunification with birth parents or adoption have been ruled out—to achieve permanency in a safe and loving home.
- Responding to the unique needs of grandfamilies by allowing them to permanently care for the children in their homes when adoption and reunification are not options. This is especially important when termination of parental rights is not in best interest of the children.
- Reducing the overrepresentation of minority children in foster care and offering them an alternative that is more culturally acceptable. Both African American and Native American groups are among those disproportionately represented in the foster care system and both rely heavily on extended family for childrearing. Subsidized guardianships make it possible for caregiving family members to keep the children they are raising out of the system.
- Providing another option in the continuum of permanency options available to family members, child welfare agencies, and court officials as they create permanency plans for children.

- Allowing family members to be part of the decision making process about what is in the best interest of the child.
- Encouraging agencies to promote other practice models that engage families including concurrent planning, family team decision making, and family group conferencing.¹⁰

STATE-BY-STATE TABLE OF SUBSIDIZED GUARDIANSHIP PROGRAMS¹¹

The attached table includes the major criterion associated with each existing subsidized guardianship program. For more in-depth information about subsidized guardianship programs, refer to the following publications:

Available at <http://www.childrensdefense.org/childwelfare/default.aspx>:

- *Using Subsidized Guardianships to Improve Outcomes for Children: Key Questions to Consider*, 2004, by Children’s Defense Fund and Cornerstone Consulting Group
- *State Subsidized Guardianship Laws at a Glance*, 2004, by Children’s Defense Fund
- *Expanding Permanency Options for Children: A Guide to Subsidized Guardianship Programs*, 2004, by Children’s Defense Fund and Cornerstone Consulting Group

Available at <http://www.fosteringresults.org/results/reports.htm>:

- *Family Ties: Supporting Permanence for Children in Safe and Stable Foster Care With Relatives and Other Caregivers*, 2004, by Fostering Results, Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign

Available at <http://pewfostercare.org/docs/index.php?DocID=41>:

- *Fostering the Future: Safety Permanence and Well-Being for Children in Foster Care*, 2004, by The Pew Commission on Children in Foster Care

In addition to the table and publications listed here, state websites are often good resources to consult for information about subsidized guardianship programs. Many states include specific information about such programs within their child welfare agencies’ or departments of social services’ websites, which are usually directly linked from state website homepages.

CONCLUSION

Children need safe and permanent families, and subsidized guardianship programs are a successful option that fulfills that need. These programs provide a permanent legal relationship between caregivers and children, while helping the children with an ongoing subsidy to help meet their basic needs. States that do

not have subsidized guardianship programs can explore ways to develop their own, using the experiences of existing programs as a starting point.

One of the major barriers to the creation of subsidized guardianship programs is the lack of funding. However, there are various proposals for new ways to use existing funding sources for subsidized guardianship programs. The nonpartisan Pew Commission on Children in Foster Care, in its 2004 report, *Fostering the Future: Safety, Permanence and Well-Being for Children in Foster Care*, has recommended that states have the option to use federal Title IV-E funds for subsidized guardianship programs. Furthermore, as states increasingly recognize the important role relative caregivers are playing for children both in and outside of the system, many national organizations have joined the states in support of subsidized guardianship programs that strengthen permanent and self-sustaining relationships for children. Generations United (GU), the Children's Defense Fund (CDF), the American Public Human Services Association (APHSA), National Governor's Association (NGA), National Conference of State Legislatures (NCSL), Child Welfare League of America (CWLA), and others support various legislative proposals that would allow states to use federal funds, such as Title IV-E funds, to establish or expand subsidized guardianship programs.¹⁴

For up-to-date information about pending legislation affecting subsidized guardianships, visit Generations United's website at www.gu.org.

Generations United (GU) is the national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational strategies, programs, and public policies. GU represents more than 100 national, state, and local organizations and individuals representing more than 70 million Americans. Since 1986, GU has served as a resource for educating policymakers and the public about the economic, social, and personal imperatives of intergenerational cooperation. GU acts as a catalyst for stimulating collaboration between aging, children, and youth organizations providing a forum to explore areas of common ground while celebrating the richness of each generation.



This fact sheet was revised in June 2005 based on materials by the Children's Defense Fund, Cornerstone Consulting Group, and Fostering Results, and further updated in June 2006.

This revision was sponsored by a grant from The Pew Charitable Trusts.

The opinions expressed in this report are those of the author(s) and do not necessarily reflect the views of The Pew Charitable Trusts.

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The GU web site at www.gu.org contains additional information about grandfamilies.

6th Revised Printing: June 2006.

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¹ Generations United. (2006) Table 1: Number of Foster Children Living with Relatives (Three-year average 2001-2003) in *All Children Deserve A Permanent Home: Subsidized Guardianships as a Common Sense Solution for Children in Long-Term Relative Foster Care*.

² Fostering Results (2004). *Family Ties: Supporting permanence for children in safe and stable foster care with relatives and other caregivers*. Retrieved May 31, 2006, from <http://www.fosteringresults.org/results/reports.htm>. This 20,000 number comes from 2002 AFCARS data.

³ Lugaila, T. and Overturf, J. (March, 2004). *Table 1, Population Under 18 Years by Age and Relationship to Householder: 2000*, in "Children and the Households They Live in: 2000," a Census 2000 Special Report. Washington, D.C.: U.S. Bureau of the Census.

⁴ *Ibid.*

⁵ Simmons, T. and Lawler Dye, J. (October 2003). *Grandparents Living With Grandchildren: 2000 – Census 2000 Brief*. Washington, D.C.: U.S. Bureau of the Census.

⁶ Lugaila, T. and Overturf, J. (March, 2004). *Table 3, Characteristics of Children Under 18 Years by Relationship to Householder: 2000*, in "Children and the Households They Live in: 2000," a Census 2000 Special Report.

⁷ Bissell, Mary and Miller, Jennifer (eds). *Using Subsidized Guardianship to Improve Outcomes for Children: Key Questions to Consider*. Children's Defense Fund and Cornerstone Consulting Group, 2004.

⁸ Children and Family Research Center. *Illinois Subsidized Guardianship Waiver Demonstration: Final Evaluation Report*. Urbana, IL: School of Social Work, University of Illinois at Urbana-Champaign, 2003, in The Pew Commission on Children in Foster Care. "Fostering the Future: Safety, Permanence and Well-Being for Children in Foster Care." The Pew Commission on Children in Foster Care, 2004.

⁹ Bissell, Mary and Miller, Jennifer (eds). *Using Subsidized Guardianship to Improve Outcomes for Children: Key Questions to Consider*. Children's Defense Fund and Cornerstone Consulting Group, 2004.

¹⁰ *Ibid.*

¹¹ Children's Defense Fund. *States' Subsidized Guardianship Laws at a Glance*. Children's Defense Fund, 2004.

¹² *Ibid.*

State*	Program Name (if other than "subsidized guardianship")	Child Must be in State Care	Guardian Must be a Relative**	Eligible Age for Child**** Exceptions Noted	Subsidized Guardianship Payment Level*****	Funding Stream(s)	Medical	Other Services†
AK		Yes	No, can be any caregiver	Over 10	Below or equal FC	State	No	No
AZ		Yes, 9 mos.	No, can be any caregiver	Under 18	Below FC	TANF	No	No
CA	Kin-GAP	Yes, 2 mos.	Yes	Under 18	Equal FC	TANF	Yes	Through Kinship Support Services Program
CO		Yes	Yes, and must be a Grandparent	Under 18	Equal FC	TANF	Yes	Yes
CT	"subsidy for relative caregivers"	Yes, 12 mos.	Yes	Under 18	Equal FC	State	Yes	No
DE		Yes, 12 mos.	No, can be any caregiver	Over 12	Equal FC and AA	State (IV-E Waiver ended in Dec. 2002 Not adding any new children, but using state funds for children already in the program)	Yes	Yes
DC		Yes	No, can be a relative or Godparent	At least 2	Equal FC	Local	Yes	Yes
FL	"relative caregiver"	No	Yes	Under 18	Below FC	TANF	Yes	Yes
GA	"relative care" subsidy	Yes	Yes	Under 18	Below FC/Above TANF	TANF	No	No
HI	"permanency assistance"	Yes	No, can be any caregiver	Under 18	Below or equal FC	State	Yes	Yes
ID	"guardianship assistance"	Yes	No, can be any caregiver	Under 18	Equal FC	State	Yes	No
IL		Yes, 12 mos.	No, can be any caregiver	Under 18 (12 and older if with non-relative)	Equal FC and AA	Title IV-E Waiver	Yes	Yes
IN	"assisted guardianship"	Yes	Yes	13 or older	Varies by county	No new children added due to lack of funding but those already in program continue to be funded with TANF. Hope to accept new children by the end of 2004.	No	No
IA		Yes, 6 of the last 12 mos.	No, but if non-relative, the child must be either 12 years or older, or under 12 and part of a sibling group with a child age 12 years or older	Under 18 (see previous column for exceptions)	Equal to but not greater than FC	Title IV-E Waiver	Yes	No
KS	"permanent guardianship subsidy"	Yes	No, can be any caregiver	14 or older	Below FC	State	Yes	No
KY	"kinship care"	No	Yes	15 and under	Below FC	TANF	Yes	Yes
LA	"kinship care subsidy program"	No	Yes	Under 19	Below FC	TANF	No	No
MD		Yes, 6 mos.	Yes	Under 18	Below FC/Above TANF	Title IV-E Waiver	Yes	Yes
MA		Yes, 6 mos.	No, can be any caregiver	At least 12	Equal FC	State	Yes	Yes
MN (Prog 1)	"relative custody assistance"	No	No, can be relative or other adult	Under 18	Below FC/Equal AA	State	No	No
MN (Prog 2)	Minnesota Perman- ency Demonstration Project	Yes, 6 months	No, can be any foster parent	Under 18	Equal FC	Title IV-E Waiver	Yes	No
MO (Prog1)		Yes	Yes	Under 18	Below or equal FC	State	Yes	Yes
MO (Prog 2- Kinship)	"grandparents as foster parents"	No	Yes (Must be 50 or older)	Under 18	Below FC	State	Yes	Yes

State*	Program Name (if other than "subsidized guardianship")	Child Must be in State Care	Guardian Must be a Relative**	Eligible Age for Child*** Exceptions Noted	Subsidized Guardianship Payment Level****	Funding Stream(s)	Medical	Other Services†
MT (Prog 1)		Yes	No, can be any caregiver	Under 18	Below FC	State	Yes	Yes
MT (Prog 2)		Yes (IV-E paid care)	No, can be any caregiver	At least 12	Below FC	Title IV-E Waiver	Yes	Yes
NE		Yes	No, can be any caregiver	12 and older	Below or equal FC	State	Yes	Yes
NV		No	Yes (Must be 62 or older)	Under 18	Below FC	TANF	Yes	Yes
NJ (Prog 1)		Yes	No, can be any caregiver	Under 18	Equal FC	TANF	No	No
NJ (Prog 2- Kinship)	"kinship legal guardianship"	No	No, but must be "kin" (including relatives)	Under 18	Below FC	TANF	No	No
NM		Yes	No, can be any caregiver	Under 18	Equal AA	Title IV-E Waiver	Yes	No
NC		Yes, 12 mos.	No, can be any caregiver	Under 18	Equal AA	Title IV-E Waiver	Yes	No
ND		Yes, 6 mos.	No, can be any caregiver	At least 12	Below FC	State	Yes	No
OK		Yes	Yes	12 and older	Equal FC	TANF	Yes	Yes
OR		Yes, 12 mos.	No, can be any caregiver	Under 18 (12 and older if with non-relative)	Equal FC	Title IV-E Waiver	Yes	Yes
PA	"subsidized permanent legal custodianship"	Yes, 6 mos.	No, can be any caregiver	Under 18	Below or equal FC	State	Yes	Yes
RI		No	No, non-relative caregivers only	Under 18	Below FC equal TANF	State	Yes	No
SD		Yes, 6 mos.	No, can be any caregiver	At least 12	Below or equal FC	Social Services Block Grant (Title XX)	No	Yes
TN	Permanent Guardian- ship Demonstration	Yes, 9 months, and continuously with same care- giver for at least 6 months	No, can be any caregiver	Under 18	Equal FC	Title IV-E Waiver	Yes	Yes
UT		Yes	No, can be any caregiver (relatives can only participate in this program after they have applied for and been denied a Relative Grant)	12 and older	Below or equal specialized FC	State	Yes	Yes
VA	Guardianship Permanency Initiative	Yes, 12 months and continuously with relative for at least 6 months	Yes	Under 18	Equal FC	Title IV-E Waiver	Yes	Yes
WV	"legal guardianship policy"	Yes	No, can be any caregiver	Under 18	Below or equal FC	State	Yes	Yes
WI		Yes, 12 months	Yes	Under 18	Equal FC	Title IV-E Waiver	Yes	Yes
WY		Yes	No, can be any caregiver	Under 18	\$1 less than FC	State	No	No

* The 11 states not shown on the table did not have subsidized guardianship programs as of June 1, 2006. They are AL, AR, ME, MI, MS, NH, NY, OH, SC, TX, VT, and WA.

** In many programs where a relative is not required, the guardian may be a relative, godparent, close family friend, foster parent, or other qualified adults.

*** Some states allow children who do not meet the age requirements to qualify for subsidies. Generally, these exceptions are for students, children with disabilities, or children who are members of sibling groups.

**** FC = Foster Care; AA = Adoption Assistance

† Other services may include: financial assistance for obtaining guardianship/custody, child care, and/or respite care.

Generations United Fact Sheet: *Grandfamilies: Subsidized Guardianship Programs*

FACT SHEET

Grandparents and Other Relatives Raising Children: Respite Care



INTRODUCTION

According to the U.S. Census 2000, more than six million children across the country are living in households headed by grandparents or other relatives.¹ More than 2.4 million of these grandparents have the primary responsibility for meeting the basic needs of these children.² Factors such as parental substance abuse, incarceration, HIV/AIDS, death, poverty, and even military deployments are causing growing numbers of grandparents and other relatives to step forward to keep families together.

The National Family Caregiver Support Program (NFCSP)³ was created in 2000 as part of the Older Americans Act (OAA). Administered by the Administration on Aging (AoA) of the U.S. Department of Health and Human Services (DHHS), the NFCSP allows for all states, working in partnership with Area Agencies on Aging (AAA) and local community-service providers, to offer five categories of support services for grandparents and other relatives aged 60 and older who are relative caregivers of children, and family caregivers of individuals aged 60 and older.⁴

One of the five categories of supportive services provided under the NFCSP is respite care, designed to enable caregivers to be temporarily relieved from their caregiving responsibilities.⁵ Through the NFCSP, Area Agencies on Aging (AAAs) receive funding to provide respite services to grandparents and other relatives raising children. If there is already an established respite program, the AAA in that area may contract with that agency to provide services to these families with NFCSP funding. These types of collaborations maximize resources, decrease duplication of services, and increase communication between service systems.

RESPITE CARE TERMS

DEFINITION

Respite care provides relief to informal primary caregivers by providing short-term services to a care recipient. Care is primarily provided to people with: disabilities or other special needs, chronic or terminal illnesses, or to individuals at risk of abuse and neglect.⁶ Children being raised by grandparents or other relatives fit into these categories, and many have disabilities or other special needs.

PURPOSE

The two main purposes of caregiver respite are: (1) to decrease individual and family stresses associated with caregiving, and (2) to postpone the need for institutionalization of the care recipient. For grandparents and other relatives, respite may prevent the children they are raising from entering the formal foster care system. In all cases, the underlying values associated with respite care include support and preservation of family or caregiving relationships.⁷

TYPES OF RESPITE

There are two basic types of respite:

- Brief, regularly scheduled episodes, which allow caregivers to do routine chores and/or take a break, or
- Sporadic, longer periods, which allow caregivers to leave town for business or vacation, go into the hospital, or attend to another emergency.⁸

SETTINGS

Respite programs can occur in a variety of settings including families' homes,

providers' homes, camps, residential facilities, day care centers, recreational facilities, churches, therapeutic child development centers, family resource centers, schools, and senior centers. Programs are often administered by public or private welfare agencies, mental health agencies, religious institutions, family resource centers, childcare centers, aging service providers, or a combination thereof.⁹

WHY GRANDPARENTS AND OTHER RELATIVES RAISING CHILDREN NEED RESPITE

Grandparents and other relatives often take on the role of caregiver suddenly, with little or no warning. They may become caregivers because of a number of parental problems, and the children in these situations may exhibit a number of difficult behaviors. Relative caregivers may be dealing with adjusting to parenting a second time in combination with learning to address behavioral issues and stress caused by disruptions in family life. They may confront social, emotional, financial, and legal challenges that were not present when they raised their own children. Older or retired grandparents, in particular, may experience a tremendous sense of isolation and inequity as they watch their peers participate in leisure or retirement activities. As a result, the shock of having to bring up a child can be emotionally and physically overwhelming. Some form of respite may be necessary to assist older caregivers in providing a stable, healthy environment for children. Furthermore, regardless of age, most caregivers may need respite from their responsibilities in order to maintain the physical and emotional strength they need to effectively care for children. Respite care can provide a much-needed hiatus from the stress associated with raising children under challenging and often very difficult circumstances.

RESPITE LEGISLATION

Responding to the growing need for respite care services for families, there is pending federal legislation before Congress to coordinate respite care services for all caregivers. Several states (including: Oregon, Nebraska, and Wisconsin) have passed Lifespan Respite Acts, or other types of respite legislation, which establish state and local infrastructures for developing, providing, coordinating, and improving access to lifespan respite for residents of the state who are eligible for such services.

MODEL PROGRAMS

For grandparents and other relatives raising children, respite services are available through caregiving networks and NFCSP programs. Services can be administered by the AAAs, and those with whom they contract. Some of the examples below demonstrate how AAA NFCSP-funded respite programs address the respite needs of relative caregivers. Other examples show how states have creatively provide respite through other means.

Oregon's Lifespan Respite Program is one of the oldest respite programs in the country. The state provides start-up and ongoing funding to local networks to facilitate access to respite for all families and individuals. These networks serve to avert the fragmentation that occurs when different programs serve different individuals. These networks: maintain a database of trained in-home respite service providers; conduct outreach to caregivers and connect

them to services and payment options; provide referrals and related services; identify gaps in services available in communities; provide educational information and training on how to care for themselves and their loved ones; and deliver ongoing training for respite providers. This program is a model for the Respite Care Association of Wisconsin (RCAW) program that implements Lifespan Respite Care legislation in Wisconsin.

For more information on Oregon's program, contact: Lee Girard 503-947-1199, or lee.a.girard@state.or.us, or visit: www.oregoncares.org. Click on the link to "Lifespan Respite Network Information." For more information on the Wisconsin's program, contact: Jim Schroeder 608-222-2033, or jschroeder@respitecarewi.org.

The Oklahoma Respite Resource Network (ORRN) provides respite services for the Aging Services Division of the Oklahoma Department of Human Services. ORRN is a lifespan respite care initiative that uses federal, state, and private dollars to fund respite services to various categories of caregivers, including grandparents and other relatives raising grandchildren since 2000. The program has a simple application process and relatively few guidelines. Once a caregiver is approved for respite, DHS issues a voucher to purchase respite services. The voucher can be used to purchase respite service from any provider the caregiver chooses. To assist caregivers in selecting providers, the ORRN publishes a Respite Guide for Families and Providers. After the caregiver and respite provider complete the voucher form, DHS sends payment directly to the respite provider. For more information, contact: Robert Adams 405-521-4214, or Robert.Adams@okdhs.org.

Adult Well-Being Services of Detroit, Michigan is a participant in the GU/Brookdale Foundation's Relatives As Parent Program (RAPP) replication in behavioral health facilities, offering a variety of respite care services through its Grandparents Rearing Grandchildren Program. In this program, Foster Grandparents are trained to provide in-home care for children, allowing grandparents to accomplish essential tasks such as going to the doctor or shopping. Educational workshops, support groups and individual information and assistance are also available. For information, contact: (313) 833-3765, or visit <http://www.awbs.org/>.

Pierce County, Washington Aging and Long Term Care AAA uses NFCSP funds to offer summer respite opportunities to grandparent and other relative caregivers. The local mental health agency, Child and Family Guidance, with which the AAA subcontracts collaborated with local parks and recreation providers, and other organizations such as the YMCA, Easter Seals and Camp Fire, to pay for day and residential camp opportunities for school-age children of relative caregivers over age 60. For more information, contact: Connie Kline (253) 798-3782 or ckline@co.pierce.wa.us.

The Southwest Michigan Region IV Area Agency on Aging Senior Volunteer Programs adapted the national respite model developed by the National Council on Aging (NCOA), "Family Friends Program," to offer respite care for grandparents and other relatives raising children in high stress situations. This Michigan state-funded program uses NFCSP funds in addition to Strong Families/Safe Children and United Way support. Senior volunteers provide between 4 to 12 hours of in-home respite care. Volunteers also take children to planned activities outside the homes in order to help decrease the amount of stress caregivers may experience in raising children. For more information, contact: the AAA Senior Volunteer Programs 269-983-7058, or camelliapisegna@areaagencyonaging.org. Or visit: www.region-iv.org. For information on the Family Friends Program, visit: www.family-friends.org.

NATIONAL RESOURCES

Comprehensive national respite information and resources are available through the following:

ARCH National Respite Network and Resource Center. ARCH assists and promotes the development of quality respite and crisis care programs, helps families locate respite and crisis care services in their communities, and serves as a strong voice for respite in all forums. Resources on providing respite services are available, and include: *Bringing Respite to Your Community: A Start-Up Manual and Evaluating and Reporting Outcomes: A Guide for Respite and Crisis Care Program Managers*. ARCH also provides resource information on state coalitions for respite in each state and the District of Columbia. For more information about ARCH contact: 919-490-5577, or www.archrespite.org.

National Foster Parent Association offers information and resources on advancing the state of respite programs through training, knowledge development and a respite care program model handbook. Other programs/products available include recruitment and retention of resource families, developing relationships with the schools, advocacy training and a speakers bureau. For more information, contact NFPA, (800) 557-5238, info@NFPAINC.org, www.NFPAINC.org.

CONCLUSION

Respite services can provide relative caregivers with temporary and much needed relief enabling them to better meet the challenges of raising children. State and national initiatives are supporting families by alleviating family and caregiver stress, stabilizing family life, and promoting a healthier, more balanced environment for children.

This document was supported, in part, by a grant, No. 90-CG-2633 from the AoA, Department of Health and Human Services. Grantees express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration on Aging policy.

For further information, please contact: Generations United (GU), 1333 H Street N.W., Suite 500W, Washington, D.C. 20005-4752 (202) 289-3979, Fax: (202) 289-3952; e-mail: gu@gu.org. The GU web site at www.gu.org contains additional information about grandparents and other relatives raising children.

Generations United (GU) is the only national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational strategies, programs, and policies. GU represents more than 100 national, state, and local organizations representing more than 70 million Americans. GU serves as a resource for educating policymakers and the public about the economic, social, and personal imperatives of intergenerational cooperation. GU provides a forum for those working with children, youth, and older adults to explore areas of common ground while celebrating the richness of each generation.



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¹ U.S. Census Bureau, Census 2000. Summary File 1, Table P28, Relationship by Household Type for Population Under 18 Years.

² Simmons, T. & Dye, J.L. (October 2003.) *Grandparents Living with Grandchildren: 2000*. U.S. Census Bureau, Census 2000 Brief, C2KBR-31. U.S. Census Bureau, Washington, DC.

³ Public Law 106-501. Section 316.

⁴ For more information about the NFCSP, please go to www.gu.org for a fact sheet and user guide about the program or to the AoA website at www.aoa.gov

⁵ Public Law 106-501. Section 373(b)(1-5)

⁶ Pruchno, R. (1999). Raising grandchildren: "The experiences of black and white grandmothers." *The Gerontologist* 39(2), 209-221.

⁷ Silberberg, M., (2001). "Respite care: State policy trends and model programs." Policy Brief No. Family Caregiver Alliance.

⁸ Silberberg, M., (2001). "Respite care: State policy trends and model programs." Policy Brief No. Family Caregiver Alliance.

⁹ ARCH National Resource Center. (Accessed 2004) *2001 National Resource Network Local Program Survey Report*.

Found at <http://www.archrespite.org/ARCH%20Network%20Program%20Survey%20Report%20for%20FY%202001-2.pdf>.

FACT SHEET

GRANDPARENTS AND OTHER RELATIVES RAISING CHILDREN: CAREGIVER SUPPORT GROUPS



INTRODUCTION

According to the U.S. Census 2000, about six million children across the country are living in households headed by grandparents or other relatives. More than 2.4 million of these grandparents have the primary responsibility for meeting the basic needs of these children. Factors such as parental substance abuse, incarceration, HIV/AIDS, death, poverty, and military deployments are causing growing numbers of grandparents and other relatives to step forward to keep families together.

The National Family Caregiver Support Program (NFCSP) was enacted in 2000 as part of the Older Americans Act (OAA). Administered by the Administration on Aging (AoA) of the U.S. Department of Health and Human Services (DHHS), the NFCSP allows for all states, working in partnership with Area Agencies on Aging (AAA) and local community-service providers, to offer five categories of supportive services for grandparents and other relatives aged 60 and older who are relative caregivers of children.

Among the five categories of supportive services provided under the NFCSP is individual counseling, organization of support groups, and training caregivers to assist them in making decisions and solving problems related to their caregiving roles. This fact sheet is intended to provide information on the growing networks of caregiver support groups for grandparents and other relatives raising children throughout the United States, and on other available resources for starting a support group. For more information about the NFCSP, please visit Generations United at www.gu.org for a fact sheet and user guide about the program, or go to the AoA website at www.aoa.gov.

THERAPEUTIC BENEFITS OF SUPPORT GROUPS

The challenges faced by today's caregivers can be physically and emotionally overwhelming. Relative caregivers frequently suffer from stress related illnesses, such as depression, diabetes, hypertension, insomnia, and gastric distress. Additionally, stress may be compounded by the fact that children being raised by relative caregivers, including those in the foster care system, exhibit a variety of physical, behavioral, and emotional problems to a greater degree than the general population of children. Older caregivers may also experience a sense of isolation if the active social lifestyle they shared with peers is no longer compatible due to the caregiver's responsibility for children.

Research conducted by AARP Knowledge Management and the AARP Grandparent Information Center in 2003 to better understand the most effective ways to reach and assist grandparents and relatives raising children found that support groups "...benefit grandparent caregivers by providing both information and psychological/emotional support." In addition, caregivers feel that they acquire better child rearing skills, and a time of respite, as a result of support group attendance. To download the report in full, visit http://research.aarp.org/general/gp_2003.html.

Participation in support groups can result in greater physical and emotional stability for caregivers, allowing them to fully focus on the best interests of the children in their care. This, in turn, fosters a safer, more stable, and consistent living environment for children.

THE BROOKDALE FOUNDATION GROUP RELATIVES AS PARENTS PROGRAM (RAPP)

The Brookdale Foundation Group in New York coordinates the largest network of caregiver support programs in the country through its Relatives As Parents Program

(RAPP). RAPP was established in 1996 to help meet the needs of grandparents and other relatives who have taken on the responsibility of parenting as kin caregivers for children outside the foster care system, when the biological parents were unwilling, or unable to do so. The RAPP program provides \$10,000 seed grants over a two-year period to local and state agencies. Local agencies either start a new support group, or expand a current one by adding one or more components such as respite care, therapeutic children's groups, educational seminars, and individual and family counseling. State agencies work to initiate new relative support groups, develop a statewide network linking current programs and interested agencies, and establish or expand an inter-system task force to work on issues related to relatives as surrogate parents. RAPPs currently offer services to relative caregivers and their families in 45 states.

RAPP applications and guidelines are available on an annual basis, generally in the fall, with applications due the following spring. Grants are awarded to up to 15 local community-based agencies and five state agencies throughout the United States. For more information on the Brookdale's Relatives As Parents Program, visit their website at www.brookdalefoundation.org, call (212) 308-7355, or write The Brookdale Foundation, 950 Third Avenue, 19th Floor, New York, NY 10022.

INCREASING ACCESS TO BEHAVIORAL HEALTH SERVICES

With funding from the Center for Mental Health Services (CMHS), GU has partnered with the Brookdale Foundation Group since 1998 to replicate its local Relatives As Parent Program (RAPP) model in behavioral health facilities around the country. GU's RAPP follows Brookdale's model of issuing seed grants over a two-year period to local or state agencies, in this case behavioral health facilities, to either start a new support group, or expand a current one. Notable successes of this initiative include:

- The University of Maine Center on Aging in Orono, ME, in conjunction with Family Connections, funded in 2002 and 2004, conducted a state forum, developed and offered specialized training, published a series of articles on the mental health needs of kinship care families, and produced a series of policy recommendations.
- Jewish Family Service in Torrance, CA, funded in 2000, developed groups specifically for teens, and replicated RAPP in other areas of their community.
- Family and Children's Service in Nashville, TN, funded in 1998, grew their program from a support group with therapeutic childcare to a full-scale Relative Caregiver Program with three sites around the state.

For more information on the Behavioral Health Initiative, visit GU's website at www.gu.org.

GENERATIONS UNITED KINNET PROJECT

In response to the increasing need for supportive services to assist caregivers in making decisions and solving problems related to their changing family roles, Generations United (GU) partnered with the Brookdale Foundation Group to create KinNET, a network of support groups focused on relatives caring for kin in foster care. GU's KinNET Project was funded in fall 2000 through a cooperative agreement with the Children's Bureau of the U.S. Department of Health and Human Services.

The project resulted in a best practices video, an annotated kinship care bibliography, and an independent evaluation by researchers at Syracuse University.

The evaluation found that flexibility in program type is essential to meet the myriad needs of attendees. In addition, successful support groups provide access to services, information, and ongoing connection among participants and agencies. Ancillary services such as childcare, children's activities, transportation, and respite are also important to the groups' success.

For more information on the KinNET Project, and a list of KinNET sites around the country, visit GU's website at www.gu.org

OTHER SUPPORT GROUP MODELS

Area Agencies on Aging (AAA) across the country are providing caregiver support groups through traditional and innovative means. In this latter category, Michigan's Region IV AAA, the Grandparents Raising Grandchildren and Relatives as Parents Program, offers monthly telephone support groups through conference calls with a professional facilitator. To find the Area Agency on Aging serving your locale, visit the Eldercare Locator at 1-800-677-1116 or visit www.eldercare.gov/Eldercare/Public/Home.asp.

SUPPORT GROUP RESOURCES

If no local support group exists in your area, Area Agencies on Aging can provide valuable information and assistance on how to get started. Additional information on support groups can be found through:

AARP Grandparent Information Center (AARP GIC) provides information and referral to national, state and local level support groups and agencies offering support for grandparents. The AARP GIC Support Group Database can be accessed by visiting <http://www.aarp.org/life/grandparents/>. The publication "Support Groups for Grandparents Raising Grandchildren" is available at www.aarp.org/life/grandparents/Articles/a2004-01-20-supportgroups.html. For more information email gic@aar.org, or write to: AARP GIC, 601 E Street, N.W., Washington, D.C. 20049.

Grand Parent Again is another website that provides a listing of support groups by state. Visit the website at www.grandparentagain.com for more information.

North American Council on Adoptable Children has a network of support groups for parents including relative caregivers. Information can be found at www.nacac.org/pas_supportgroups.html. NACAC publishes fact sheets (available in print and on-line) on various aspects of group development and special needs. Topics include helping families cope with particular special needs. For more information, contact NACAC at: 970 Raymond Avenue, Suite 106, St. Paul, MN 55114, (651) 644-3036, or visit www.nacac.org.

Through the Eyes of a Child - Grandparents Raising Grandchildren is a series of nine fact sheets designed to help grandparents raising young children (birth to age 8). Developed by specialists at the University of Wisconsin-Madison and University of Wisconsin-Extension with feedback from grandparents and experts in the field, topics include understanding children's behaviors, the importance of close relationships and open communication, and maintaining contact with parents. Visit <http://www.uwex.edu/relationships/> to download these free tip sheets.

Empowering Grandparents Raising Grandchildren: A Training Manual for Group Leaders by Carole Cox is a 14-session workshop designed to help grandparents who are raising their grandchildren. To purchase this training manual, visit http://www.springerpub.com/books/gerontology/pub_1316_8.html.

A Tradition of Caring is a comprehensive six-module, nine-session curriculum, providing kinship caregivers with 27 hours of information and support related to kinship care. Sessions are designed to facilitate interaction and the sharing of experiences and support among participants. The curriculum is available for purchase at www.cwla.org/pubs/pubdetails.asp?PUBID=8480.

STATE FACT SHEETS

In a unique national partnership, the Children's Defense Fund, AARP, Casey National Center for Resource Family Support, The Brookdale Foundation, Child Welfare League of America, Generations United, The Urban Institute, and Johnson & Hedgpeth Consultants have created 51 fact sheets containing the most up-to-date state information related to kinship care for each state and the District of Columbia. Fact sheets include information on available support groups. These fact sheets are located on the GU website at www.gu.org/projgcostates.htm.

CONCLUSION

A wide variety of support groups exist to benefit grandparents and other relatives, and the children they are raising. These groups provide a unique opportunity to access resource information, and to share challenges, experiences, and joys. Caregivers make emotional connections with others by coming to understand that they are not alone, and that there are many others who face similar challenges associated with raising children under difficult and stressful circumstances. Through support groups, caregivers also come to understand that they have the power and the resources to provide a stable and consistent environment for the children in their care.

This document was supported, in part, by a grant, No. 90-CG-2633 from the AoA, Department of Health and Human Services. Grantees express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration on Aging policy.

Generations United (GU) is the only national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational strategies, programs, and policies. GU represents more than 100 national, state, and local organizations representing more than 70 million Americans. GU serves as a resource for educating policymakers and the public about the economic, social, and personal imperatives of intergenerational cooperation. GU provides a forum for those working with children, youth, and older adults to explore areas of common ground while celebrating the richness of each generation.



For further information, please contact: Generations United (GU), 1333 H Street N.W., Suite 500W, Washington, D.C. 20005-4752 (202) 289-3979, Fax: (202) 289-3952; e-mail: gu@gu.org. The GU web site at www.gu.org contains additional information about grandparents and other relatives raising children.

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¹ U.S. Census Bureau, Census 2000. Summary File 1, Table P28, Relationship by Household Type for Population Under 18 Years.

² Simmons, T. & Dye, J.L. (October 2003). Grandparents Living with Grandchildren: 2000 U.S. Census Bureau, Census 2000 Brief, C2KBR-31. Washington, D.C.: U.S. Census Bureau.

³ Public Law 106-501 Section 316.

⁴ For more information about the NFCSP, please visit www.gu.org to obtain a fact sheet and user guide about the program, or visit the Administration on Aging website at www.aoa.gov.

⁵ Minkler, M. (1999). Intergenerational households headed by grandparents: Contexts, realities, and implications for policy. *Journal of Aging*, 13 (2) 199-218.

⁶ Altshuler, S.J. (1998). Child well-being in kinship foster care: Similar to, or different from, non-related foster care? *Children and Youth Services Review*, 20 (5), 369-388 and Pruchno, R. (1999). Raising grandchildren: The experiences of black and white grandmother. *The Gerontologist* 39 (2), 209-221.

⁷ Knowledge Management and the AARP Grandparent Information Center (2003). Lean on me: Support and minority outreach for grandparents and relatives raising children. Washington, D.C.: AARP.